



NOV 19 2004 FRI 03:52 PM SALIWANCHIK, LLOYD&SALIWA

FAX NO. 3523725800

P. 01

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7590

08/31/2004

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Gwendolyn L. Daniels

(Depositor's Name)

(Signature)

November 19, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/763,037	07/24/2001	Ben M. Dunn	UF-219XC1	2654

TITLE OF INVENTION: COMBINATION THERAPY FOR TREATMENT OF HIV INFECTION

11/22/2004 MAHMED2 00000089 190065 09763037

01 FC:2501

685.00 DA

02 FC:A001

30.00 DA

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1220 \$670.00	\$0	\$1220 \$670.00	11/30/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS		
DELACROIX MUIRHEI, CYBILLE		1614	514-274000		

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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

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Saliwanchik, Lloyd & Saliwanchik

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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Authorized Signature

Date November 19, 2004

Typed or printed name

Doran R. Pace

Registration No. 38,261

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